North Carolina Department of Health and Human Services (NC DHHS)

Division of Medical Assistance (DMA)
Division of Mental Health (DMH)
Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X223A2 Health Care Claim: Institutional (837-I), for MMIS NCTracks starting July 1, 2013

Preface

Companion Guides (CGs) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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1. Transaction Instruction (TI) Introduction

1.1 BACKGROUND

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide
- Modifying any requirement contained in the implementation guide

1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

1.3 INTENDED AUDIENCE

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider’s billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

1.4 PURPOSE OF COMPANION GUIDE

The companion guide is to be used with and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guide is to provide trading partners with a guide to communicating NCTracks-specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the appropriate use of the transactions; it is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGEMENTS

For all inbound transactions, a 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

1.6 TRADING PARTNER AGREEMENT SETUP

Refer to Section 2.2, "Trading Partner Registration," of the NCTracks Trading Partner Connectivity Guide.

1.7 TESTING

NC DHHS (DMA, DMH, and DPH) requires testing, or third-party certification, prior to approving a trading partner to submit claims in production. Once trading partner claims are in production, NC DHHS (DMA, DMH, and DPH) reserves the right to require re-testing if it is determined that the trading partner is receiving/generating an unacceptable volume of errors.

Refer to Section 3, "Testing and Certification Requirements," of the NCTracks Trading Partner Connectivity Guide.

2. Included ASC X12 Implementation Guides

The following table identifies the X12N Implementation Guides for all of the transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 837 Institutional transaction set, as defined in the ASC/X12N 005010X223 Health Care Claim: Institutional (837) Technical Report 3 (TR3) dated May 2006, and updated by:

- Errata 005010X223A1 Health Care Claim: Institutional (837) dated October 2007
- Errata 005010X223A2 Health Care Claim: Institutional (837) dated June 2010

Unique ID	Name
005010X222	Health Care Claim: Professional (837P)
005010X223	Health Care Claim: Institutional (837I)
005010X224	Health Care Claim: Dental (837D)
005010X228	Health Care Claim Pending Status Information (277P)
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X221	Health Care Claim Payment/ Advice (835)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
005010X231	Implementation Acknowledgment for Health Care Insurance (999)

Pharmacy claims are submitted using the National Council for Prescription Drug Program's (NCPDP) D.0 format. Please refer to the "D.0 Companion Guide" for NCPDP D.0 claim formatting used by NCTracks.

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N Implementation Guide.
NON-SHADED rows represent “data elements” in the X12N Implementation Guide.

005010X223A2 Health Care Claim: Institutional (837I)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA03	Security Information Qualifier	00	Use “00”
	ISA05	Interchange ID Qualifier	ZZ	Use “ZZ”
	ISA06	Interchange Sender ID		Use the 4-digit Submitter ID provided in the Trading Partner Agreement
	ISA07	Interchange ID Qualifier	ZZ	Use “ZZ”
	ISA08	Interchange Receiver ID		“NCTRACKSBAT” is submitted for batch requests “NCTRACKSREL” is submitted for real-time requests Most submitters will use “NCTRACKSBAT” unless they have been designated as a real-time submitter
Header	GS	Functional Group Header		
	GS02	Application Sender’s Code		Use the 4-digit Submitter ID provided in the Trading Partner Agreement
	GS03	Application Receiver’s Code		“NCTRACKSBAT” is submitted for batch requests “NCTRACKSREL” is submitted for real-time requests Most submitters will use “NCTRACKSBAT” unless they have been designated as a real-time submitter

Loop ID	Reference	Name	Codes	Notes/Comments
Header	BHT	Beginning of Hierarchical Transaction		
	BHT06	Transaction Type Code	CH, RP	Use “CH” when submitting fee-for-service claims ***DMH claims are submitted as FFS Use “RP” when submitting Encounter claims
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Use the 4-digit Submitter ID provided in the Trading Partner Agreement. Should be the same value as GS02. **For Encounter Claims only:** The four-digit Submitter ID must be assigned to the Managed Care Organization’s (MCO) NPI or Atypical Provider ID in the 2300, CN104 segment. The four-digit Submitter ID was provided in the Trading Partner Agreement.
1000B	NM1	Receiver Name		
	NM103	Receiver Name		Use “NCTRACKS”
	NM109	Receiver Primary Identifier		Use “NCTRACKS”
2000A	PRV	Billing Provider Specialty Information		
	PRV03	Provider Taxonomy Code		NCTracks’ adjudication is impacted by the provider taxonomy code. Per the X12 TR3, the Billing Provider taxonomy is required for NCTracks. Provider taxonomy codes can be obtained from www.wpc-edi.com/reference.
2010BA	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	MI	Use ”MI”
	NM109	Subscriber Primary Identifier		Use the subscriber’s 10-digit identification number ending in an alpha character
2010BB	NM1	Payer Name		
	NM109	Payer Identifier		Use “NCTracks”
2010BB	REF	Billing Provider Secondary Identification		

Loop ID	Reference	Name	Codes	Notes/Comments
	REF01	Reference Identification Qualifier	G2	Use “G2” This is the qualifier used to report the Billing Atypical provider data when the provider does not have an NPI.
2300	CN1	Contract Information		The MCO and DMH identification numbers (NPI or Atypical ID) must be submitted in the CN1 segment.
	CN101	Contract Type Code		All qualifiers are accepted for Encounters and DMH claims.
	CN102	Monetary Amount		**For Encounter Claims:** Please submit the Encounter amount paid by the MCO. **For DMH Claims**: A zero amount or no value is accepted.
	CN104	Reference Identification		**For Encounter Claims:** Please submit the Encounter NPI or Atypical Provider ID of the MCO **For DMH Claims:** Please submit the DMH NPI or Atypical Provider ID.
2300	HI	Principal Diagnosis Admitting Diagnosis Patient’s Reason For Visit External Cause of Injury Other Diagnosis Information Principal Procedure Information Other Procedure Information		NCTracks will error the claim for the following conditions: A single claim may not have a combination of ICD-9 and ICD-10 diagnosis/procedure codes ICD-9 diagnosis/procedure codes cannot be submitted on a claim with Dates-of-Service after the ICD-10 implementation date, 10/1/2015 ICD-10 diagnosis/procedure codes cannot be submitted on a claim with Dates-of-Service before the ICD-10 implementation date, 10/1/2015
2310A	PRV	Attending Provider Specialty Information		
	PRV03	Provider Taxonomy Code		NCTracks’ adjudication is impacted by the provider taxonomy code. Per the X12 TR3, the Attending Provider Taxonomy is required for NCTracks when the Rendering Provider NPI or Atypical ID is submitted. Provider taxonomy codes can be obtained from www.wpc-edi.com/reference.

Loop ID	Reference	Name	Codes	Notes/Comments
2310A	REF	Attending Provider Secondary Identifier		
	REF01	Reference Identification Qualifier	G2	Use “G2” This is the qualifier used to report the Attending Provider Atypical ID when the provider does not have an NPI.
2310D	REF	Rendering Provider Secondary Identification		
	REF01	Reference Identification Qualifier	G2	Use “G2” This is the qualifier used to report the Rendering Provider Atypical ID when the provider does not have an NPI.
2310E	REF	Service Facility Location Secondary Identification		
	REF01	Reference Identification Qualifier	G2	Use “G2” This is the qualifier used to report the Service Facility Location Atypical provider data when the provider does not have an NPI.
2310F	REF	Referring Provider Secondary Identification		
	REF01	Reference Identification Qualifier	G2	Use “G2” This is the qualifier used to report the Referring Provider Atypical provider data when the provider does not have an NPI.
2320	SBR	Other Subscriber Information		
	SBR09	Claim Filing Indicator Code		For Medicare Part A, use “MA” For Medicare Part B, use “MB” For HMO Medicare Risk, use “16” All other values will be calculated as Third Party Liability (TPL)
2320	CAS	Claim Level Adjustments		Claim or Line Level Adjustments are required by NCTracks to report prior adjudication results made by the payer identified in the 2330B loop, “Other Payer Name”
2320	AMT	Coordination of Benefits (COB) Payer Paid Amount		

Loop ID	Reference	Name	Codes	Notes/Comments
	AMT02	Payer Paid Amount		$0 payment is expected when the “Other Payer” denied or paid $0 on the claim
2420C	REF	Rendering Provider Secondary Identification		
	REF01	Reference Identification Qualifier	G2	Use “G2” This is the qualifier used to report the Rendering Provider Atypical ID when the provider does not have an NPI.
2420D	REF	Referring Provider Secondary Identification		
	REF01	Reference Identification Qualifier	G2	Use “G2” This is the qualifier used to report the Referring Atypical provider data when the provider does not have an NPI.
2430	SVD	Line Adjudication Information		
	SVD02	Service Line Paid Amount		$0 payment is expected when the “Other Payer” denied or paid $0 on the claim
2430	CAS	Line Level Adjustments		Claim or Line Level Adjustments are required by NCTracks to report prior adjudication results made by the payer identified in the 2330B loop, “Other Payer Name” and 2430, SVD01, “Other Payer Primary Identifier”

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 837I is used to submit Institutional claims, adjustments, and voids.

4.2 PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

NCTracks expects a segment terminator (~) at the end of each segment, as defined in section "B.1.1.2.5 Delimiters" of all (837P, 837D, 837I, 270/271, 276/277, 834) TR3 documents. In addition:

- NCTracks does not accept Carriage Return (CR), Line Feed (LF), or Carriage Return Line Feed (CRLF) characters as segment terminators.
- NCTracks accepts files with or without Carriage Return Line Feed (CRLF) characters, but if the CRLF is sent, a segment terminator is still required.
- There should not be any spaces or any junk characters after the end of the IEA segment.
- Only one ISA IEA is allowed in the file.

Files without a segment delimiter, with an unidentified segment terminator, or with spaces after the IEA segment will receive a negative TA1 and will not be processed.

4.3 SCHEDULED MAINTENANCE

NCTracks maintenance will occur Sunday morning from 12:01 a.m. through 4:00 a.m. NCTracks will not be available to submit files during this time.

4.4 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified.

4.5 OTHER RESOURCES

- **Washington Publishing Company**

  The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at www.wpc-edi.com.

- **ASC X12 Organization**

  http://www.x12.org/

- **United States Department of Health and Human Services (HHS)**

  This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA:
  www.aspe.hhs.gov/admnsimp

- **Workgroup for Electronic Data Interchange (WEDI)**

  A workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA:
  www.wedi.org

- **North Carolina Department of Health and Human Services**
  www.ncdhhs.gov
- **North Carolina Division of Medical Assistance**
  http://www.ncdhhs.gov/dma/
- **North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services**
  http://www.ncdhhs.gov/mhddsas/
- **North Carolina Division of Public Health**
  http://publichealth.nc.gov/

5. Change Summary

Date	Change	Responsible Party
November 16, 2012	Initial trading partner test version	CSC under the direction of NC DHHS
April 15, 2013	Encounters version	CSC under the direction of NC DHHS
May 07, 2013	Encounters version, submission 2	CSC under the direction of NC DHHS
July 1, 2013	Production version	CSC under the direction of NC DHHS
January 21, 2014	Encounters version update	CSC under the direction of NC DHHS
October 1, 2015	ICD-10 version update	CSC under the direction of NC DHHS
February 03, 2016	Update to Fiscal Agent name and logo	CSRA under the direction of NC DHHS
March 02, 2016	Test version for DMH claims submission	CSRA under the direction of NC DHHS
May 1, 2016	DMH claims submission	CSRA under the direction of NC DHHS